

**Office of the New Hampshire Attorney General Charitable Trusts Unit  
33 Capitol Street, Concord, NH 03301-6397**

***ANNUAL FILING FEE: \$75.00***

Make check payable to:  
State of New Hampshire

**ANNUAL REPORT CERTIFICATE**

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Fiscal Year End

\_\_\_\_\_  
In Care of

\_\_\_\_\_  
State Registration #

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Under the penalties of perjury set forth in RSA 641:1-3, I declare that I have examined the attached report, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete.

\_\_\_\_\_  
**Signature of**  
PRESIDENT, TREASURER OR TRUSTEE

\_\_\_\_\_  
Date

\_\_\_\_\_  
(**Print or Type**) Name of Officer/Trustee

\_\_\_\_\_  
Title

**THE SIGNATURE OF THE EXECUTIVE DIRECTOR IS NOT ACCEPTABLE.** (If the organization does not have the office of "President" or "Treasurer", please attach an explanation or definition of the authority vested in the signator.)

STATE OF

COUNTY OF

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me personally appeared the above-named officer or trustee who acknowledged himself/herself to be the officer/trustee, President, Treasurer of the above-named organization and took oath or affirmed that the attached report including accompanying schedules and statements is to the best of his/her knowledge and belief true, correct and complete.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission Expires:

\_\_\_\_\_  
Notary Public